

NREMT registration in Lieu of Continuing Education Application

Iowa Department of Public Health
Bureau of Emergency Medical Services
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Name:	Certification #:
Address:	
City, State, Zip:	CERT. PERIOD:

Complete this form and mail it to the Bureau of EMS **PRIOR** to your Iowa EMS certification's expiration date. Your certification will not be renewed until this form is processed by the Bureau. Allow ten business days for processing. Renewal fee, if applicable, must accompany this application.

Renewal Fees: FR/EMR/EMT-B/EMT No Fee EMT-I/AEMT \$10.00 EMT-PS/PARAMEDIC \$25.00

	YES	NO
1. Do you have a current NREMT registration which exceeds your current Iowa expiration date? (attach copy of card)	<input type="checkbox"/>	<input type="checkbox"/>
2. If an EMS Instructor, did you attend a department-sponsored workshop? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If you hold a Critical Care Paramedic endorsement, were at least 8 CEHs from approved core curriculum topics? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If an FR, EMT-B or PS, have you completed all transition requirements (available at http://www.idph.state.ia.us/ems / Transition.aspx)? N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During your certification period have you:

	YES	NO
1. Developed any medical condition(s), which in any way impairs or limits your ability to provide emergency medical care? <i>If yes, provide a description of your condition and submit a letter from a physician stating that your condition will not affect your ability to perform these function.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Been engaged in the illegal or improper use of drugs or other chemical substance? <i>If yes, provide a letter from your physician or treatment program that identifies your current or past treatment status. The letter should also include a statement that your condition will not affect your ability to perform emergency medical care functions.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Been convicted of, found guilty, or entered a plea of no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100.00) You must answer "yes" even if the matter has been deferred or expunged from the record. <i>If yes, include the date, location, charge, court disposition and current status (i.e. probation) for each charge. If the charge was a crime against a person (i.e. assault, domestic abuse) include copies of the charging orders and court disposition records.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Had any state or other jurisdiction of the United States or any other nation limit, restrict, warn, censure, place on probation, suspend, revoke, or otherwise discipline a license issued to you? <i>If yes, include date, location, reason, current status, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Been sued in connection with your emergency medical functions in this state or another state? <i>If yes, include date, location, reason, current status etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information provided on this application form is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in the denial, probation, suspension, or revocation of my certification(s). I also understand that I am required to update answers or information submitted herewith if the response or the information changes. In submitting this application, I consent to any reasonable inquiry that may be necessary to verify or clarify the information I have provided on or in conjunction with this application.

 Applicant's Signature

 Date

DO NOT SEND CASH. Make checks payable to IDPH, Bureau of EMS
Mail this completed form and fee to the address above